SUBMIT: COMPLETED APPLICATION, TAX Baỳfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN Date StandolReceived

AUG \mathcal{C}^{n} 2013

Date: Refund: Amount Paid: Permit #: \$75 \$ 25° % 8-19-13 13-0258 ENTER

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

Bayfield Co. Zoning Dept

☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes.—continue —▶	Section SZO, Township 44#N, Range 06 W	<u> </u>	PROJECT Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	Address of Property: 20041 N. DIAMOND LAKE DR.	STANCEY MESCHIEVITZ	TYPE OF PERMIT REQUESTED—> X LAND USE SANITARY
er, Stream (incl. Intermittent)	Tow	1272 State Land	PIN: (23 digits) 04-021-2-44	Agent Phone:	Contractor Phone:	City/State/Zip:	Mailing Address: 36685 WCR 21	PRIVY
te Distance Structure is from Shoreline:	CRAND VIEW	Lot(s) No. Block(s) No.	PIN: (23 digits) 04-021-2-44-06-20-303-00-300	Agent Mailing Address (include City/State/Zip):	Plumber:	WI 54821	City/State/Zip:	☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE
ř	Lot Size	Subdivision:	Recorded Docume Volume 56/	State/Zip):				
Is Property in Are Wetland: Floodplain Zone? Present?	Acreage //		Document: (i.e. Property Ownership	Written Authorization Attached Yes 3 No	Plumber Phone:	970-324-053	## Telephone: 770-686-1429	B.O.A. DIHER

X Shoreland Non-Shoreland Value at Time of Completion * include donated time & material		1 300 feet of River, Streat f Floodplain? If yo 1000 feet of Lake, Pon If yo 1000 feet of Stories and/or basement and/or basement	itream (incl. Intermittent) If yescontinue	Distance Struc Distance Struc # of bedrooms	Distance Structure is from Shoreline: feet Floodplair Y/O/O feet M N Sewer/Sanitary System Is on the property?	erty in a Zone?	Are Wetlands Present? □ Yes ※ No Water □ City
Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Typ Sewer/Sanital Is on the pr	ae of y System aperty?	ENGRAPH SERVICE CO.
	✓ New Construction	✗ 1-Story	☐ Seasonal	1	☐ Municipal/City		1
ጉ	Addition/Alteration	1-Story + Loft	Year Round	□ 2	☐ (New) Sanitary Specify Type:	fy Type:	11
15 734	☐ Conversion	☐ 2-Story	L ADDITION OF THE PARTY OF THE	3	> Sanitary (Exists) Specify Type: COAL	ify Type: Con V	
	Relocate (existing bldg)	□ Basement		A STATE OF THE PROPERTY OF THE	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	ı lted (min 200 gallon)	_
	Run a Business on	☐ No Basement		X None	☐ Portable (w/service contract)	ntract)	1
	Property	☐ Foundation			☐ Compost Toilet	\$ Particular and the second se	1
					X None		

Existing Structure: (If permit being applied for is relevant to it) Proposed Construction:

Length:

00

1

Width:

3

Height: Height:

Proposed Use	•	Proposed Structure	Dimensions	Square Footage
		Principal Structure (first structure on property)	(x)	
		Residence (i.e. cabin, hunting shack, etc.)	(x)	
		with Loft	(×)	
🗴 Residential Use		with a Porch	(x)	
- American		with (2 nd) Porch	(x)	
-		with a Deck	(x)	
		with (2 nd) Deck	(x)	
☐ Commercial Use		with Attached Garage	(x)	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(x)	
		Mobile Home (manufactured date)	(x	
		Addition/Alteration (specify)	(x)	
Municipal Use	×	Accessory Building (specify) Pole Garn - Storack	(30×48)	1 440
Rec'd for Issuance		Accessory Building Addition/Alteration (specify)	(×)	
. 1				
30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Special Use: (explain)	(x)	- A - Company to the Company of the
Į		Conditional Use: (explain)	(X)	
Secretarial Staff		Other: (explain)	(X)	Market

FAILURE TO OBTAIN A PERMIT ON STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) and (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the

must sign or letter(s) of authorization must accor

npany this application)

W

Date

Authorized Agent:

Address to send permit 2014

Owner(s): When the control of there are Multiple Owner.

(If you are signing on behalf of the

jamora owner(s) a letter Lake npany this application) 54821

3

Attach

Copy of Tax Statement V

ased the property send your Recorded Deed

The street of th	Standard Lot Per Sound Country Use Only) Sanitarry Number: # of bedrooms: Sanitarry Date: Permit Date: Standard Lot Pers (Location) Permit Date: Permit D	inimum required setback, the boundary line from which the setb corrected compass from a known corner within 500 feet of the process from a known corner within 500 feet of the process from a known corner within 500 feet of the process from a known corner within 500 feet of the process from a known corner within 500 feet of feet of feet of feet of feet or Use has not be a feet of the process from a large from the Uniform I was a feet of bedrooms: Single S	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DE), Holding Tank (H NOTICE: All Land Use Permits Expire One (2) Year from the Date of issuance if Construction or Use has not the For The Construction Of New One & Two Family Dwelling; All Municipalities her Required To Enforce The Uniform It is pared in Sub-Standard Lot Is Permit Denied (Date): Permit Denied (Date):	Construction, Set of the m Department by use of a Department by use of a Construction, Set of City, State or Fede vumber: To Denial: To	re owner's expense. feet but less than thirty (30) fee or verifiable by the Departmen ion(s) of New Construmits Expire One (1) Year & Town, Village, City, Star Sanitary Number: Reason for Denial: Reason for Denial: Permit Date: Permit Date: No No No Inspected by: Trached? □ Yes □ No	by a licensed surveyor at the owner's expense. Structure more than ten (10) feet but less than thirty (30) fe previously surveyed corner, or verifiable by the Department's expense. ICE: All Land Use Permits Expire One (1) Yea truction Of New One & Two Family Dwelling The local Town, Village, City, Stantary Use Only) Pers (Deed of Record) Permit Date: 8. Sanitary Number: 8. Sanitary Number: 9. Stantary Number: 9. Sanitary Number: 9. Stantary Number: 9. Sanitary Number: 9. Sanitary Number: 9. Sanitary Number: 9. Sanitary Number: 9. Stantary Number: 9. Sanitary Number: 9. Stantary S	condition(s): Town, Committee or Board Condition(s): Town, Was Proposed Building Site Delineated by Variance (B.O.A.) Was Proposed Building Site Delineated by Variance (B.O.A.) Date of Inspection: Condition(s): Town, Committee or Board Condition(s): Town, Was Proposed Building Site Delineated by Signature of Inspector: May Mot Let Town, Committee or Board Condition(s): Attact Town, Was Signature of Inspector: Signature of Inspector: May Mot Let Town, Committee or Board Condition(s): Attact Town, Was Proposed Building Site Delineated Sylvations Atjached: Signature of Inspector: May Mot Let Town, Committee or Board Conditions Atjached: Signature of Inspector: May Signature of Inspector: May Mot Let Town, Committee or Board Conditions Atjached: Signature of Inspector: May Mot Let Town, Committee or Board Conditions Atjached: Signature of Inspector: May Signature of Inspector: May Mot Let Town, Committee or Board Conditions Atjached: Signature of Inspector: May Mot Let Town, Committee or Board Conditions Atjached: Signature of Inspector: May Signature of Inspector: May Condition Signature of Inspector: May Signature of Inspector on Signature of Inspector	other previously surveyed corner or marked Prior to the placement or construction of a s one previously surveyed corner to the other marked by a licensed surveyor at the owner. (9) Stake or Ma NOTI For The Cons Stake or Ma NOTI For The Cons Permit Denied (Date): Permit #: /3 -0358 Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Is Structure Non-Conforming Is Structure Non-Conforming Granted by Variance (B.O.A.) Was Parcel Legally (Was Proposed Building Site Dell Inspection Record: Was Parcel Legally (Was Proposed Building Site Dell Inspection Record: Was Proposed Building Site Dell Inspection Record: Was Proposed Building Site Dell Inspection Record: Was Parcel Legally (Was Parcel Legally (Was Proposed Building Site Dell Inspection Record: Was Parcel Legally (Was Parcel
; ZS Feet	ble from one	back to Well line from which the setback must be measured must be visiting from which the setback must be measured must be visiting from which the setback must be measured must be visiting from which the setback must be measured must be visiting from which the setback must be measured must be visiting from which the setback must be measured must be visiting from which the setback must be measured must be visiting from which the setback must be measured must be visiting from which the setback must be measured must be visiting from the setback must be measured must be visiting from the setback must be measured must be visiting from the setback must be measured must be visiting from the setback must be measured must be visiting from the setback must be measured must be visiting from the setback must be visiting from the setback must be measured must be visiting from the setback must be measured must be visiting from the setback must be measured must be visiting from the setback must be measured must be visiting from the setback must be measured must be visiting from the setback must be measured must be visiting from the setback must be made and the setback must be must be a setback must be	Set	Feet Feet Feet	the minimum require	ng) ng) Feet of the	or Holding Ta	Setback to Septic Tani Setback to Drain Field Setback to Privy (Porta Prior to the placement or constr
			Sethack to Well		ì	2	3	Sentic
Feet		6 Slope Area	Setback from 20% Slope Area Elevation of Floodplain		375	r-	West Lot Line East Lot Line	Setback from the West Lot Line Setback from the East Lot Line
Feet		tland	Setback from Wetland	378 Feet	a la	-	South Lot Line	Setback from the North Lot Line Setback from the South Lot Line
37S Feet Feet	gh-water mark) eek	Setback from the Lake (ordinary high-v Setback from the River, Stream, Creek Setback from the Bank or Bluff	Setback from the Setback from the Setback from the	o Feet	300	d Road f-Way	Setback from the Established Right-of-Way	etback from the etback from th
Measurement		Description		ment	est point) Measurement	ed to the clos	Setbacks: (measured to the closest point) Description Meas	(8)
ed by the Planning & Zoning Dept.		Changes in plans must be approv	Cha		ing)	prior to continu	complete (1) – (7) above (prior to continuing)	Please complet
·							Q.	
				•	7十八八千市5	" D	I)	
	1T) and/or (*) Privy (P)	aad) *) Holding Tank (H	(*) Driveway and (*) Frontage Road (Name Frontage Road) (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	rontage Roac on your Prop c Tank (ST); (* Stream/Cree opes over 20'	North (N) on Plot Plan (*) Driveway and (*) Fro All Existing Structures of (*) Well (W); (*) Septic (*) Lake; (*) River; (*) Sio (*) Wetlands; or (*) Sio	14-min 11-14-min	Show / Indicate: Show Location of (*): Show: Show: Show: Show: Show any (*): Show any (*):	(2) (3) (4) (5) (7)

field County, WI



© Copyright 2008 ESRI. All rights reserved. Printed on Wed Aug 14 2013 08:00:15 AM.